

NOV 24 1937

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Scott
 Township Lynnanna
 City Dian, Mo (No. _____ St. _____ Ward _____)

Registration District No. 820
 Primary Registration District No. 6069

File No. 38933

Registered No. _____

2. FULL NAME

(a) Residence, No. Dian Mo. St. _____ Ward _____
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Charles Cross
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 20, 1881
 7. AGE YEARS 56 MONTHS 6 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winona Mississippi13. NAME William Wells14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winona Mississippi15. MAIDEN NAME Lula King16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grenada Mississippi17. INFORMANT William Wells (ADDRESS) Dian, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Carpenter Cemetery DATE 10-21-193719. UNDERTAKER (ADDRESS) John F. Humphrey Jr.20. FILED 11/9/1937 W. P. Lockman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-20-1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:01 AM.
 The principal cause of death and related causes of importance were as follows:

Syphilis
34
 Other contributory causes of importance:
Colitis, Dysentery.

Name of operation _____ Date of _____
 Test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____.

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) John F. Humphrey Jr. M. D.
 (Address) Coroner Scott Co. 4
Blodgett Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

